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CONFIRMATION NO. 1468

SERIAL NUMBER 10/826,797	FILING DATE 04/16/2004 RULE	CLASS 424	GROUP ART UNIT 1644	ATTORNEY DOCKET NO. P0957R1C1
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APPLICANTS

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MS 1/19/06

** CONTINUING DATA *****
 This application is a CON of 08/686,902 07/26/1996 ABN
 which claims benefit of 60/029,182 07/27/1995 ABN
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** FOREIGN APPLICATIONS *****
none MS 1/19/06

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 06/25/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 7	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
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35 USC 119 (a-d) conditions met
☐ yes ☒ no ☐ Met after allowance

Verified and Acknowledged
 Examiner's Signature *MS* Initials *MS*

ADDRESS
 09157
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TITLE
 Method for treatment of allergic asthma

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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